	Application or Doctor Number								
PATENT APPLICATION FEE DETERMINATION RECOR Effective December 29, 1999		,09/	ع	58/4	/				
والمستخدم والمست	ىل		垐	44					
CLAIMS AS FILED - PART I		entry.		OTHER THAN					
(Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA	TYPE		OR 1						
	RATE	FEE	ł	RATE	FEE				
BASIC FEE	4	345.00	OR		680.00				
TOTAL CLAIMS OU minus 20-	239 -	<u>i </u>	OR	X318-	10				
INDEPENDENT CLAMS 2 minus 3 - "	239-		OR	X70-	28				
MULTIPLE CEPENDENT CLAIM PRESENT	1		 -	~~					
"If the difference in column 1 is less than zero, enter "I" in column 2	+130-	 	OR	1250-					
	TOTAL	<u> </u>	OR		XX				
POLO CLAIMS AS AMENDED - PART B (Column 1) (Column 2) (Column 3)	SHALL	ENTITY	OR	SMALL					
NEMARKA MANGER PRESENT	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL				
AMERICANET SECOND PROPORTY STRAIN	-	FEE		~~~	FEE				
Total24 - \	X\$ 9-	1.	OR	X\$10=					
and and and a)	(.	GR.	XX-					
PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	+130-								
laster.	1014		OR.	1014	\coprod				
2/20/08	ADDIT FEEOR ADDIT FEE								
County 11 County 2) (County 2)		ADO-	ı ı		ADOL-				
E THE MENDELLY EXTRA	RATE	TIONAL		RATE	TIONAL				
	-	FEE		-	FEE				
	752		OR	X\$18=					
Independent - J.: Minus 4 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	· X39.		OR	X78					
	+130=		OR	+260-					
4/4/05 RCE filed	TOTAL		OR	TODAL	 				
7 1 4 103	ADDIT, PEE			ACOIT, FEE					
(Column 1) (Column 2) (Column 3)		ADOI-	1		ADOI-				
Figure 1 and	RATE	TICHAL		RATE	TIONAL				
Total . Micros . Q. 4(7)		FEE			FEE				
Independent - Q Minus 4 70	XI S		OR	X\$18=					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	X30-	·	OR	X79-					
	+130-		OF	+260-					
* If the entry in cutures 1 is tree then the entry in cutures 2, write "9" in cutures 8. ** If I'd Tilghant Humber Provincely Paid For" \$1 1145 EPHCE in tens time \$0, unter "\$0."	TOTAL		_ 1	TOTAL					
"I Pro Tighant Humber Provincely Paid For" IN THIS SPACE in tean than 50, conter "D." "If the Tighant Humber Provincely Paid For" IN THIS SPACE in tean than 3, conter "D." ADDIT. FEE The Tighant Humber Provincely Paid For (What or Independent) in the Mighant receiver haved in the appropriate host in citizens 1.									
ONLY PRINCES	territoria		A. DO	WITHOUT OF	COMMET CO				

	PÁTEN	T APPLICAT Effe	TION FEI	E DETERN cember 8, 2	11NA 2004	TION REC	ORI	D .	i			18/4	
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALI TYPE	LEN	<u> </u>			ER THAN
IL	TOTAL CLAIM		, colornit 2/				 	0					
$\ \ $	FOR	NUME	IBER FILED NUMBER EXTRA		1	RAT BASIC	_	FEE	-	RATI			
	TOTAL CHARG	;	minus 20= *			150		150.00	10	BASIC F	EE 300.00		
1	NDEPENDENT	 				X\$ 2		5= <u> </u>		OF	X\$50	=	
┝-		PRESENT	minus 3 =			l i	X100	=		OF	X200		
Ц.	MULTIPLE DEPENDENT CLAIM PRESENT							+180:	_		OR	+360=	
•	* If the difference in column 1 is less than zero, enter *0" in column 2								+		OR		┥ -
	3/13/06	CLAIMS AS	AMEND	ED - PART	. 11			TOTA	_		10H		D. Tildai
	/ - /	(Column 1)		(Colum		(Column 3)		SMAL	L EN	TITY	OR		R THAN - ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	TI	ADDI- ONAL FEE		RATE	ADDI- TIONAL FEE
ᅙ	Total	• 17	Minus	- 29	7	=		X\$ 25=	\neg		OR	X\$50=	1.66
AME	Independent	· 5	Minus	1 444 4		= /	 	X100≈	+			X200=	-
	FIRST PRESE	ENTATION OF M	ULTIPLE D	EPENDENT C	LAIM		-		╁╌		OR	∧200 =	206
_		(Column 1)	T	(Column		(Column 3)	AE	+180= TOTAL DOIT, FEE			OR ,	+360= TOTAL DDIT, FEE	1417
	T-4-1	REMAINING AFTER AMENDMENT	·	HIGHES NUMBEI PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	TIO	DI- NAL EE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	** ;		=	×	(\$ 25=			OR	X\$50≃	
-	Independent	#	Minus	***		=	\ \ \ \	(100=			- F	X200=	
ᆜ,	WOLLIFOEL	TATION OF MU	CTIPLE DE	PENDENT CL	AIM		\vdash	180=			~`` -	+360=	
						•	<u></u>	TOTAL IT. FEE		——(`	"	TOTAL	
Т		(Column 1) CLAIMS		(Column 2	2) (Column 3)							
L	·	REMAINING AFTER AMENDMENT	, -	HIGHEST NUMBER PREVIOUSL PAID FOR	Y	PRESENT EXTRA	R	ATE	ADI	AL	Γ	RATE	ADDI: TIONAL
Į	otal *		Minus	**				~ -	FE		-		FEE
l!	dependent		Minus	***			 	25=		0	R /	(\$50=	
F	RST PRESEN	TATION OF MUL	TIPLE DEP	ENDENT CLA	IM		X1	00=		0	RX	200=	
fth	e entry in column	1 is less than the	entry in colun	nn 2, wrițe "0" i n	colum	ın 3.		80=		OF	3 +	360=	
H t	e "Highest Numb	er Previously Paid er Previously Paid r Previously Paid F	FOR IN THIS	SPACE is less	than 2	0, enter *20.*	ADDIT	OTAL FEE the appro	priate	OF box in a		TOTAL IT. FEE	

Application or Docket Number